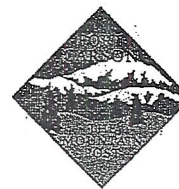




Will Worksheet

Fort Carson Legal Assistance Office
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PRIVACY ACT STATEMENT: AUTHORITY: 10 USC Section 3013. PRINCIPAL PURPOSE(S): To assist a judge advocate prepare a client's will. The Office of the Staff Judge Advocate does not keep a file copy. ROUTINE USE: To provide a judge advocate with sufficient information to draft a client's will. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure is voluntary, but nondisclosure may prohibit preparation of will.

PERSONAL DATA

Full Name (As you want it on your Will): _____

State of Legal Residence: _____

Current Street Address (not PO Box): _____

Duty Station: _____

Home Phone Number: _____ Work Phone Number: _____

Military Status: ☐ Active Duty ☐ Spouse/Family Member of Active Duty Member
☐ Retired ☐ Spouse/Family Member of Retired Member
Marital Status: ☐ Single ☐ Married (first marriage: Yes/No) ☐ Widow(er) ☐ Divorced

Full name of spouse: _____

Names and ages of all children Please circle (N) natural, (A) adopted, or (S) stepchild

_____	Age _____	N	A	S
_____	Age _____	N	A	S
_____	Age _____	N	A	S
_____	Age _____	N	A	S
_____	Age _____	N	A	S

ESTATE

Is the estimated value of your estate (including the value of life insurance policies) under \$2,000,000?

☐ Yes

☐ No – Your estate may be subject to estate taxes. Proper planning can help you minimize estate-tax exposure. The complexity of your estate may exceed the expertise of the Legal Assistance Attorney.

Do you own: ☐ real estate ☐ personal business ☐ farm ☐ none of the above

If yes, do you want these items: ☐ to pass with the rest of my estate
☐ to be given to specific people (Please list the assets and to whom they go)

Asset: _____ Beneficiary: _____ Relationship: _____ % Share: _____

Asset: _____ Beneficiary: _____ Relationship: _____ % Share: _____

SGLI & LIFE INSURANCE

The proceeds from any SGLI life insurance policies you own ordinarily do not pass according to your Will. The proceeds go to the beneficiaries designated in your SGLI and life insurance policies. It is recommended you review and update your SGLI and any life insurance policies you own to ensure your designated beneficiaries reflect your intentions. It is highly recommended you specifically name beneficiaries and do not use the term "by law" to identify beneficiaries.

BENEFICIARIES

To whom do you want to give your **personal property** (clothes, furniture, cars)? ☐ Spouse ☐ To pass with the rest of my estate

Other: _____

Personal Property Memorandum: If available in your jurisdiction, do you want to make a personal property memorandum (a personal property memorandum is a document distributing specific items of tangible property. It can be modified at any time without the need to update your will)? ☐ Yes ☐ No

BENEFICIARIES CONT'D

Primary Beneficiaries: To whom do you want to leave your **residuary estate** (everything that's left over)?

- ☐ Spouse if he/she survives me, and if not, then to my children and to the issue of any child who predeceases me
☐ Other: List name, relationship and percentage that person will survive

Name: _____ Relationship: _____ % Share: _____

Name: _____ Relationship: _____ % Share: _____

Name: _____ Relationship: _____ % Share: _____

Alternative Beneficiaries: If ☐ **one** or ☐ **all** of the primary beneficiaries do not survive you, who do you want to receive that person's share of your estate? ☐ The remaining beneficiaries ☐ the children of the deceased beneficiary ☐ some one else:

Name: _____ Relationship: _____ % Share: _____

Name: _____ Relationship: _____ % Share: _____

Do you wish to make any specific cash bequests? ☐ Yes ☐ No

If yes, to whom:

Name: _____ Relationship: _____ \$ Amount: _____

Name: _____ Relationship: _____ \$ Amount: _____

EXECUTOR

Who do you want as your Executor (or in some states "personal representative") to gather the assets of your estate, pay off your bills, and distribute the remainder to your beneficiaries? You may choose your spouse and/or co-executors.

Primary: ☐ my spouse ☐ other _____ Relationship: _____

Alternate: _____ Relationship: _____

GUARDIANS

If your children are minors when you die, and the other natural parent is not alive or cannot act as guardian, you may appoint someone to act as legal guardian of the child. You can appoint co-guardians.

Alternate: _____ Relationship: _____

Alternate: _____ Relationship: _____

Do you want to appoint a separate guardian (or conservator) of the **property** of your minor children? ☐ Yes ☐ No

If yes, who? Name: _____ Relationship: _____

MONEY MANAGEMENT FOR CHILDREN

☐ My executor will manage the money and give the remainder to my children at age (circle one): 18 19 20 21

☐ I wish to establish the following type of trust:

☐ One trust for the benefit of all the beneficiaries or ☐ Individual trusts for each beneficiary

At what age will the trust terminate? (circle one) 18 19 20 21 Other _____ (possible increased costs)

Primary Trustee: _____ Relationship: _____

Alternative Trustee: _____ Relationship: _____

OPTIONAL MEDICAL DOCUMENTS

Living Will: a document that expresses your desire to be removed from life support machines if your condition is beyond hope of recovery and your doctors certify this. Do you want a living Will? ☐ Yes ☐ No

Durable Power of Attorney (POA) for Health Care Decisions: allows the person you appoint to make health care decisions on your behalf should you become incapacitated. You can appoint co-agents. Do you want a Durable Health Care POA? ☐ Yes ☐ No

DURABLE GENERAL POWER OF ATTORNEY

A durable general power of attorney can take effect when you become incapacitated. You can appoint co-agents. Do you want a durable general power of attorney? ☐ Yes ☐ No